

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017895

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

FILED JUN 5 1962

Primary Registration District No.

Registrar's No. 47

STATE FILE NUMBER

VS 300
Rev. 4/59

10030

20030

3

4 0

5 2

6

7 0

8 0

9 420.1

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY *Atchison*b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *Fairfax mo*

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *Fairfax Hospital*Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Mo.* b. COUNTY *Atchison*c. CITY OR TOWN *Rock-Port mo*Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First *Oren* Middle *Ralph* Last *Slomp*4. DATE OF DEATH
Month *May* Day *26* Year *1962*

5. SEX

M

6. COLOR OR RACE

*W*7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Mar. 16-1907

9. AGE (last birthday)

55

10. UNDER 1 YEAR

Months *2*Days *10*

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Atchison Co

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Wm. D. Slomp

13b. MOTHER'S MAIDEN NAME

Halla Brindle

14. NAME OF HUSBAND OR WIFE

*divorced*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)*no*

16. SOCIAL SECURITY NO.

17. INFORMANT
Address *Walter Slomp - Rock-Port Mo*18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

*18 hours*Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *May 26-62* to *May 26-62* and last saw him alive on *May 26 1962*
Death occurred at *5:30 pm* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Stallard Carpenters m p

22b. ADDRESS

Rock-Port mo

22c. DATE SIGNED

5-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

May 29-1962

23c. NAME OF CEMETERY OR CREMATORY

Hunter cemetery

23d. LOCATION (City, town, or county)

S. C. Rock-Port mo

24. FUNERAL DIRECTOR

ADDRESS

Bertman Funeral Home - Rock-Port Mo

25. DATE RECD. BY LOCAL REG.

May 30, 1962

26. REGISTRAR'S SIGNATURE

Theroin N. Schaefer

(Licensed Embellisher's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. E. Purkiss

Licensed Embalmer No. 1764

P. O. Address Rock Port Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.